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DARFIELD
URBAN DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER

FOR THE YEAR 1948.

WOMBWELL :
A. TAYLOR & SONS, LTD.

1949

The Gables,
WOMBWELL,
Nr. Barnsley.
July, 1949.

Mr. Chairman and Gentlemen,

I have the honour to present to you the Annual Report on the Health and Social conditions of your Urban District for the year ending 31st December, 1948. This is my second Annual Report as your Medical Officer of Health. The Report is written in accordance with the Ministry of Health Circular No. 3/49. and is in the nature of an interim report only.

It is customary in an Annual Report for the Medical Officer of Health to express an opinion on the state of health of the population for the year under review and in so far as such an opinion can be given from an analysis of the vital statistics the health of the people in your district appears to be satisfactory. But the vital statistics which are available to a Medical Officer of Health are limited and conclusions drawn from them must, therefore, be limited. Perhaps the most important omissions from the statistics made available to a Medical Officer of Health are those concerned with morbidity. It is right that a Medical Officer of Health should concern himself with the prevention of all forms of illness and not just infectious diseases and yet he is gravely handicapped at the moment by the lack of information regarding the prevalence of diseases apart from those which are notifiable under the Public Health Acts. I believe it is of the utmost importance that a Medical Officer of Health should be kept informed of the amount and type of illness present in his district which is of such severity as to require medical attention and render the patient unfit for his work. This information has been available for years in the offices of the local National Health Societies but has been denied the Medical Officer of Health on the grounds that the information is confidential. Now that the vast majority of the population comes under the National Health Service Act information covering an even wider range of the population is available and I cannot accept that a statistical study, as opposed to a list of names, by a Medical Officer of Health would be a breach of confidence. There are so many avenues of research to be explored, some of which may have been explored before, but all of which are worthy of future study. To mention just one, particularly

important in a mining area like Darfield, what relationship, if any, exists between the atmospheric pollution and the incidence of Upper Respiratory Diseases. It may be that few positive results may materialise from such a study but it is the summation of all results, whether negative or positive, which advances medical science. I hope that before long a weekly statistical summary of the information available to the National Insurance bodies will be made available to the Medical Officer of Health. In my opinion it will cause no breach of confidence but it might mean a real step forward in the practice of preventative medicine.

The birth rate for the year was 17.40 as compared with 23.16 for 1947 and with 17.9 for England and Wales as a whole. This is the first time for very many years, I have records for 1940 onwards only, when the birth rate for the district has fallen below the figures for the country as a whole and while expressing no opinion on the possible cause I think it is worthy of note. The death rate fell from 10.74 in 1947 to 9.79 and compared with 10.8 for England and Wales. The actual deaths for all ages in the district was 59 as compared with 64 in 1947 while the total of live births was 105 as compared with 138 last year. This gives a natural increase of births over deaths of 46.

The number of infectious diseases reported showed a very considerable increase over the previous year, 247 cases as compared with 88, almost entirely due to a severe epidemic of Measles which swept the district in the 3rd and 4th quarters of the year. It must be admitted that as yet medical science has found no way of preventing epidemics of Measles as it has of Diphtheria. While it is possible to prevent or modify the disease in the very young and debilitated children the immunity produced is usually transient and the procedure is impracticable of mass application on a large scale. It is indeed a sign of the changed times when your Medical Officer of Health is more concerned over an epidemic of Measles than an outbreak of Diphtheria. Last year, as in the previous two years, no case of Diphtheria was reported in the district and, providing the immunisation campaign in the future meets with the same degree of success as in the past, there is the very reasonable and pleasant expectation that this disease will fall eventually into the medical category of rare diseases.

I am glad to include at the end of my report, a report on the sanitary circumstances of the district prepared by your

Deputy Sanitary Inspector, Mr. R. E. Hooson. It is a full and detailed report of the work of the department for the year and in my opinion, makes a valuable contribution to the Annual Report from the Health Department.

Finally I would wish to record my grateful thanks to the members of the Council for their continued interest in all matters relating to the Health of the District, to the officials of the Council for their willing support and co-operation, and to the Divisional Health Office clerical staff for the enthusiasm they have shewn in the Health Services of the Area.

I remain,

Your obedient servant,

R. S. HYND,

M.B., Ch.B., D.P.H.

Medical Officer of Health.

DARFIELD URBAN DISTRICT COUNCIL.

ANNUAL REPORT

FOR THE YEAR — 1948.

Statistics and Social Conditions of the Area.

Area	2,018 acres
Population (Census 1931)	5,260
Registrar-General estimate of Resident Population, mid 1948	6,025
Number of inhabited houses (31st December, 1948)	1,812
Rateable Value	£21,376
Nett Product of a Penny Rate ...	£80/15/0

Coal mining is the principle occupation of the population and apart from two small factories is the only industry in the district.

VITAL STATISTICS.—Births.

Live Births.

	Males	Females	Total
Legitimate	53	48	101
Illegitimate	4	—	4
TOTALS	57	48	105

The number of live births registered shows a decrease of 33 on the previous year with a birth rate of 17.4 per 1,000 resident population as compared with 23.16 for 1947. The birth rate for England and Wales as a whole was 17.9 per 1,000 resident population.

Still Births.

	Males	Females	Total
Legitimate	3	1	4
Illegitimate	—	—	—
TOTALS	3	1	4

The still birth rate was slightly higher than that of 1947 with a still birth rate of 0.66 per 1,000 resident population as against 0.50. The still birth rate for England and Wales was 0.42 per 1,000 resident population.

Deaths.

	Males	Females	Total
Deaths	36	23	59

The total is 5 less than in 1947.

Death rate per 1,000 population for Darfield was 9.79.

Death rate per 1,000 population for England and Wales was 10.8.

CAUSES OF DEATH IN 1948.

CAUSES OF DEATH	Males	Females
All Causes	36	23
1. Typhoid and paratyphoid fevers	—	—
2. Cerebro-spinal fever	—	1
3. Scarlet Fever	—	—
4. Whooping Cough	—	—
5. Diphtheria	—	—
6. Tuberculosis of respiratory system	3	1
7. Other forms of Tuberculosis	—	—
8. Syphilitic Diseases	—	—
9. Influenza	—	—
10. Measles	—	—
11. Acute Poliomyelitis and Polio-encephalitis	—	—
12. Acute infantile encephalitis	—	—
13. Cancer of buc, cav, and oesoph. (M) uterus (F)	—	2
14. Cancer of stomach and duodenum	—	4
15. Cancer of breast	—	—
16. Cancer of all other sites	10	2
17. Diabetes	—	—
18. Intracranial vascular lesions	2	4
19. Heart Diseases	9	4
20. Other diseases of circulatory system	2	2
21. Bronchitis	2	1
22. Pneumonia	1	—
23. Other respiratory diseases	—	—
24. Ulcer of Stomach or duodenum	1	—
25. Diarrhoea, under 2 years	—	—
26. Appendicitis	—	—
27. Other digestive diseases	—	—
28. Nephritis	—	2
29. Puerperal and Post-abortion; sepsis	—	—
30. Other maternal causes	—	—
31. Premature birth	—	—
32. Congenital malformation, birth injury, infantile disease	2	—
33. Suicide	2	—
34. Road traffic accidents	—	—
35. Other violent causes	—	—
36. All other causes	2	—

Deaths in Age Groups.

	Males	Females	Total
Under 1 year	3	—	3
1—5 years	—	—	—
5—10 "	—	—	—
10—15 "	—	—	—
15—20 "	—	—	—
20—25 "	—	—	—
25—35 "	2	—	2
35—45 "	2	—	2
45—55 "	5	2	7
55—65 "	5	6	11
65—70 "	4	6	10
70—75 "	7	4	11
75—80 "	1	3	4
80—85 "	2	1	3
85—90 "	5	1	6
90 and over	—	—	—
TOTALS	36	23	59

The commonest causes of deaths were cancer, heart and circulatory disease, respiratory diseases of non-tuberculous origin and Tuberculosis in that order. Cancer has taken first place in the causes of death not because the rate has increased, it remained the same as in 1947, but because of the marked fall in the death rate due to heart and circulatory diseases, from 54 deaths in 1947 to 17 deaths for 1948. Comments on the Infant Deaths and Tuberculosis deaths are given elsewhere in this report.

Infantile Mortality.

There were 3 deaths during the year of infants under the age of one year, giving an infantile mortality rate of 28·57 per 1,000 live births as compared with 7·24 for the previous year and 34 for England and Wales. Two infants died within 24 hours of birth and the third at the age of 7 months. It was not to be expected that the extraordinary low infant mortality rate of last year could be maintained and in the prevailing socio-economic conditions and the present state of medical knowledge an infantile mortality rate of below 30 per 1,000 live births can be regarded as satisfactory.

Maternal Mortality.

I am pleased to be able to report that again this year, as in the last three years, there were no deaths attributable to maternal causes.

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1948

Based on Registrar General's Figures.

	Darfield Urban District	Aggregate West Riding Urban Districts	West Riding Admin. County	England & Wales (provisional figures)
Birth Rate (per 1,000 estimated pop.)	17·4	18·3	18·5	17·9
Death Rate (all, per 1,000 estimated pop.)				
All causes	9·8	11·8	11·3	10·8
Zymotic Diseases (7 principal)	—	0·12	0·12	not available
Tuberculosis of respiratory system ..	0·66	0·37	0·37	0·44
Other forms of Tuberculosis	—	0·07	0·07	0·07
Respiratory diseases (excluding tuberculosis of resp. system)	0·66	1·34	1·29	not available
Cancer	2·99	1·83	1·74	1·86
Heart and circulatory diseases	2·82	3·98	3·73	not available
Infant Mortality (Deaths under 1 yr. per 1,000 live births) ...	29	38	39	34
Diarrhoea (Deaths in infants under 2 yrs. of age per 1,000 births) ...	—	4·17	4·38	3·3
Maternal Mortality (Deaths of Mothers in childbirth per 1,000 live and still births) ...				
Puerperal sepsis	—	0·09	0·10	0·24
Other Causes	—	1·02	1·05	0·78
TOTAL	—	1·11	1·15	1·02

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates, and Case Rates for certain Infectious Diseases in the year 1948.

England and Wales, London, 126 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

	Darfield U.D.C.	England and Wales	126 C.B.'s and great towns, including London	148 smaller towns, resident population 25,000 - 50,000 at 1931 census	London Adminis. County
Rate per 1,000 Civilian Population					
Births:					
Live	17.4	17.9	20.0	19.2	20.1
Still	0.66	0.42	0.52	0.43	0.39
Deaths:					
All causes	9.8	10.8	11.6	10.7	11.6
Pneumonia	0.16	0.41	0.38	0.36	0.54
Typhoid and para- typhoid fever ...	0.0	0.0	0.0	0.0	0.0
Whooping Cough ...	0.0	0.02	0.02	0.02	0.01
Diphtheria	0.0	0.0	0.0	0.0	0.01
Influenza	0.0	0.03	0.03	0.04	0.02
Smallpox	0.0	0.0	0.0	0.0	0.0
Tuberculosis	0.66	0.51	0.59	0.46	0.63
Poliomyelitis	0.0	0.01	0.01	0.01	0.0
Notifications:					
Typhoid Fever ...	0.0	0.01	0.0	0.01	0.0
Paratyphoid Fever	0.0	0.01	0.01	0.01	0.01
Cerebro-Spinal Fever	0.16	0.03	0.03	0.02	0.03
Scarlet Fever	1.16	1.73	1.90	1.82	1.37
Whooping Cough	1.49	3.42	3.51	3.31	3.13
Diphtheria	0.0	0.08	0.10	0.09	0.10
Erysipelas	0.16	0.21	0.23	0.31	0.22
Smallpox	0.0	0.0	0.0	0.0	0.0
Measles	36.18	9.34	9.75	8.84	9.17
Pneumonia	1.82	0.73	0.84	0.60	0.57
Poliomyelitis	0.0	0.04	0.05	0.04	0.04
Puerperal Pyrexia ...	0.0	6.89	8.90	4.71	7.34
Rate per 1,000 Live Births					
Deaths under 1 year of age	29	34	39	32	31
Deaths from Diarrhoea and Enteritis under 2 years of age	—	3.3	4.5	2.1	2.4
Maternal Mortality:	Rate per 1,000 Total Births (Live and Still)			Rates per million women aged 15-44	
	Darfield U.D.C.	Eng. and Wales			
Abortion with sepsis	—	0.11		9	
Abortion without sepsis	—	0.05		4	
Puerperal Infections	—	0.13			
Other maternal causes	—	0.73			

General Provisions of the Health Service.

With the coming into operation of the National Health Service Act, 1946, on the 5th July, 1948, all hospitals passed over to the control of the Regional Hospital Board. Your district lies in the area covered by the Sheffield Regional Hospital Board. The aim of this section of the Act was to unite all hospitals alike, Voluntary and municipal, general and special, in one comprehensive scheme so that everyone, no matter from what particular disease he suffered, whether acute or chronic, infectious or non-infectious might have the best hospital attention irrespective of the area in which he resided. The plan offers the greatest possibilities for the good of all and will bring about a hospital service second to none in the world provided that all responsible for the administration, medical and lay persons alike, will always bear in mind the fundamentals and principles of the scheme and forget the jealousies and rivalries which sometimes existed between the various hospital authorities in the past. The hospitals serving your district remained after 5th July, the same as in the past but after that date were managed by the Barnsley Local Hospital Management Committee.

Hospitals.

(a) General.

General hospital services are provided through the Beckett Hospital and St. Helen Hospital, Barnsley. The general hospitals at Sheffield are also available when required.

(b) Infectious Diseases Hospitals.

Infectious diseases cases continued to be admitted to Kendray Hospital, Barnsley, but after 5th July, your Council was no longer required to subscribe to the maintenance of the patients while in hospital.

(c) Maternity Hospitals.

Maternity cases requiring hospital treatment were usually admitted to the following hospitals:

St. Helen Hospital, Barnsley.

Hallamshire Maternity Hospital, Chapeltown.

Listerdale Maternity Home, Rotherham R.D.

Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme.

Until the 5th July the Tuberculosis Service in the district was wholly administered by the West Riding County Council as the responsible authority. One of the unfortunate results of the National Health Service Act was the splitting of the responsibility for the Tuberculosis Service between the Regional Hospital Boards and the Local Health Authorities, the former assuming the responsibility for the clinical and curative side and the latter for the social and preventive aspect. Because of this the Tuberculosis Medical Staff became employees of the Hospital Boards and the nursing staff of the clinics employees of the Local Health Authorities. It was an unfortunate result because Tuberculosis is perhaps the one disease where it is essential the patient himself must be treated rather than the disease. There can be no artificial division between the curative and preventative aspects, the two are inextricably interwoven and it must be a matter for regret that two different authorities are now responsible for the service. That no undesirable effect has materialised is because both the Area Consultant Tuberculosis Officer and myself have fully realised the vital necessity for the closest co-operation and have striven to bring this about.

Clinics are held at the Chest Centre, 46, Church Street, Barnsley on the following days and times:

Wednesdays	10.0 a.m. — 12 noon.
Wednesdays	2.0 p.m. — 4.0 p.m.
Thursdays	10.0 a.m. — 12 noon. X-ray.
Thursdays	2.0 p.m. — 4.0 p.m. X-ray.
Fridays	10.0 a.m. — 12 noon.

Venereal Diseases.

The nearest centre for Darfield patients for the diagnosis and treatment of these diseases is in Barnsley.

Address:

Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situate at Rotherham, Sheffield and Doncaster and a patient suffering from Venereal Disease is at liberty to attend at the centre of his choice. Treatment is completely confidential.

Ambulance Service.

The ambulance service is organised by the West Riding County Council and operated from the Hoyland Depot. Since the coming into operation of the National Health Service Act the ambulance service has become entirely free of charge to the public and greatly increased demands have been made on the service. At the time of writing this report figures of the journeys made and patients carried are not available but I am happy to state there has been a considerable improvement in the type of vehicle in operation. One new ambulance with wireless control has been added to the ambulance strength of the Hoyland Depot.

Laboratory Services.

These are provided by the Public Health Laboratory Service in Wakefield, a national service under the control of the Medical Research Council. This service was instituted shortly prior to the outbreak of war and has grown into an invaluable laboratory organisation. Bacteriological and Pathological specimens are sent here for examination and no matter what type of laboratory investigation is required the laboratory will furnish a complete investigation and report. It is still a growing organisation and even greater results can be expected of it in the future.

Home Nursing.

On 5th July, 1948, the Darfield Nursing Association was disbanded, the control of Home Nursing passed into the hands of the County Council and the Queen's Nurse formerly employed by the Association joined the County Council Nursing Staff. It is too early to comment on the change and the increased commitments of the service, it is perhaps suffice to say now it is the intention of the County Council to continue the service in the same way as it operated in the past and to build on the fine structure which it inherited from the local nursing association. I would like to record my thanks to the Secretary and Committee of the Association for the generous help they gave me when the service was handed over to the County Council. They appreciated in full the reasons for the change and in the launching of the new service I had their full support, co-operation and not least their best wishes.

MATERNITY AND CHILD WELFARE SERVICES.

Maternity and Child Welfare Services are provided by the West Riding County Council, and clinics are held in the Methodist Chapel, Barnsley Road, Darfield. Infant Welfare clinics are held weekly on Wednesday afternoons and 50 sessions were held during the year. There was an attendance of 2,628 children, an average of 52.5 per session and 101 children were seen for the first time, all of whom were under the age of one year. 981 children were examined by the doctor, an average of 19.6 per session.

The clinic is staffed by a part-time Medical Officer and a Health Visitor who have a very active voluntary ladies committee to assist them in the conduct of the clinic. That the clinic is not only an efficient clinic but also a very happy one is in no small measure due to the untiring efforts of this band of ladies and I think it right that tribute should be paid to them in this Annual Report.

Ante-Natal clinics are held on the 2nd and 4th Fridays in the month in the mornings. The clinics are staffed by a part-time Medical Officer, a Health Visitor and the midwife booked for the case.

25 sessions were held during the year at which 82 women made 331 attendances with an average attendance of 13.2 per session.

Routine blood examinations (Wasserman, Kahn, Rhesus factor, Blood Count and Haemoglobin Estimation) are carried out on all cases and a consultant obstetric opinion is available for the Medical Officer on request. Women are encouraged to attend the clinic for post-natal examinations and it is a matter of regret that so few mothers avail themselves of this necessary examination. Much minor ill-health and even some major gynaecological conditions might be avoided by routine post-natal examination and the early diagnosis and treatment of abnormalities, a fact which is not yet fully appreciated by mothers. Efforts to drive this truth home have already been made and will continue to be made until all mothers accept the need for a post-natal examination just as they accept now the need for adequate ante-natal care.

SANITARY CIRCUMSTANCES OF THE AREA.

Housing.

The number of inhabited houses in the district at the end of the year was 1812. 69 new houses were built during the year, 67 by your council and 2 erected by private enterprise. At the same time every effort was made to obtain the required repairs on houses where sanitary defects were proved to exist. Though material progress was made both in the building of new houses and the repair of existing property much remains to be done before it can be said that all persons in the district are satisfactorily housed. A detailed analysis of the housing state is given in the report of the Sanitary Inspector.

Water Supplies.

I am indebted to Mr. T. M. Beswick, Manager of the Dearne Valley Water Board for the following information. The water supply for the district, which is a piped supply, is obtained from disused colliery workings, supplemented by water from the Roebuck Reservoir, a mixed supply from the Sheffield County Borough upland water supply and the Everill Gate well of the Dearne Valley Water Board. In emergency water supplies can be obtained from the Roebuck Reservoir in whole or from the Barnsley County Borough Upland supply or Roebuck water source blended with water from the Highgate Colliery disused workings. The water is filtered and chlorinated and monthly samples are sent to the analyst for test. All samples were reported satisfactory during the year. In addition the sources of supply are tested weekly for purity. While it is true the Darfield population drinks a wholesome and pure water it suffers from the extreme hardness of the water. The Total Hardness of which 50% is permanent hardness, in parts per 100,000 is 65, a very high figure indeed. It must be stated that such a water does no harm when taken internally or applied externally but human happiness is not measured in medical terms alone.

Measured in terms of weekly wash-days, daily scouring, soap rationing, furred kettles and boilers the district suffers much and I am glad to record that steps have already been taken to alleviate the misery. A softening scheme for the water by the Lime-Soda method is under construction and it is expected the scheme will be completed and in operation by March, 1950. The plant is expected to reduce the Total Hardness of the water to between 15-20 parts per 100,000, not an ideal figure but nevertheless one which will reduce very considerably the burdens of the population.

INFECTIOUS DISEASES.

Notifiable Diseases (other than Tuberculosis) during 1948.

	Total Cases notified	Admitted to Hospital	Deaths
Measles	218	—	—
Whooping Cough	9	—	—
Smallpox	—	—	—
Scarlet Fever	7	6	—
Diphtheria	—	—	—
Enteric Fever	—	—	—
Puerperal Pyrexia	—	—	—
Pneumonia	11	1	1
Encephalitis Lethargica	—	—	—
Acute Polio-myelitis	—	—	—
Erysipelas	1	—	—
Cerebro-spinal Fever ..	1	1	1
TOTALS	247	8	2

Diphtheria.

No case of diphtheria was notified in 1948, the third successive year the district has been free from the disease. As I stated in my last Annual Report for 1947 the reason is almost certainly due to the high level of protection which most children in the district now enjoy because of diphtheria immunisation. The figures for immunisation for 1948 show an improvement on those for 1947. The percentage of children immunised in the age group 0-5 rose from 45% to 48.3% and those in the age group 5-15 from 84% to 90.9%. The overall figure for all children immunised under the age of 15 was 73.7% as compared with 72.2% for last year.

I am glad to be able to record this increase but as can be readily seen from the figures there is one age group where there is still considerable room for improvement. The figure of 48.3% of children under the age of 5 who have been immunised is not good enough. One is tempted to ask why the figure is so low as compared with that for schoolchildren when the same facilities are available for both groups. If parents believe that it is unnecessary to immunise a child before he goes to school they are very wrong. A young child is just as susceptible to the disease as one of school age though the risk of contact with infection might be less. What is most important for parents to realise is Diphtheria is a much more deadly disease in the young than in the old. I hope the day

is not far off when parents accept the need for diphtheria immunisation for their children as freely and readily as they accept the need for feeding and clothing them but until this day arrives I must continue to stress by all means available to me the importance of the subject even though its constant repetition in my various reports to the Council might become monotonous.

Measles.

The epidemic of measles which affected the district in the last half of the year was the highest for many years. The outbreak began in the last week of June, though sporadic cases occurred before that time, and reached its peak in the last week of July. It rapidly declined in the next few weeks but there was a small secondary wave of infection in the last half of October and the first week of November. The initial symptoms of the disease were fairly severe but fortunately the incidence of complications was extremely small and no case required admission to hospital. As I stated in the preamble to the report there is as yet no known method by which an epidemic of measles can be prevented, and it is indeed fortunate that the disease has greatly declined in severity in the last 20 years and is now relatively mild. Measles is no longer the disease it used to be even within our own lifetime but we are not yet sure whether its attenuation is a periodic phase or a genuine evolution to an imperceptible symbiosis. We incline to the latter view, but admit that this is little better than a guess, so we welcome research for a potent preventive, whilst hoping that we may never have the occasion to use it.

Scarlet Fever.

The number of Scarlet Fever cases notified during the year was 7, of whom 5 were admitted to hospital, as against 33 in 1947 and 12 in 1946. The disease was of a very mild type and no complications were reported.

Tuberculosis.

The number of new cases of Tuberculosis notified during the year was 9 as compared with 10 during 1947 and 9 during 1946. The number of deaths from this cause was 4. Pulmonary Tuberculosis is one of the greatest scourges of the civilised world and has its highest incidence in the crowded industrial areas. Your district, as regards the

incidence of Pulmonary Tuberculosis, is probably no worse and no better than the average industrial area but the incidence of the disease is too high to permit of complacency. It is rightly said that the incidence of Pulmonary Tuberculosis accurately reflects the social and economic conditions of the population and methods for prevention must, therefore, be aimed at improving the present standards. The greatest limiting factor in the prevention of spread of the disease is the almost insuperable difficulty from a practical standpoint in treating the disease as an acute infectious disease which it undoubtedly is. This means the effective isolation of the open case, whether in sanatorium, home or at work, during the period of infectivity and present social conditions do not allow of this nor have they allowed it in the past. I would like to record my appreciation of the help the Council has accorded me in giving priority to the housing needs of open cases of Pulmonary Tuberculosis.

Tuberculosis Cases Notified during the year, 1948.

Age Periods			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M	F	M	F	M	F	M	F
0	...	...	—	—	—	—	—	—	—	—
1	...	...	—	—	—	—	—	—	—	—
5	...	...	1	1	1	—	—	—	—	—
15	...	...	1	2	—	—	—	—	—	—
25	...	...	1	2	—	—	1	—	—	—
35	...	...	—	—	—	—	1	—	—	—
45	...	...	—	—	—	—	1	—	—	—
55	...	...	—	—	—	—	—	—	—	—
65 and upwards	...	...	—	—	—	—	—	1	—	—
TOTALS	...	...	3	5	1	—	3	1	—	—

ANNUAL REPORT

of the
Sanitary Inspector and Cleansing Superintendent
For the year 1948.

To the Chairman and Members of the
Darfield Urban District Council.

Mr. Chairman and Gentlemen,

I have the honour to present the Annual Report for 1948 on the work of the Sanitary Department.

Towards the end of the year the Chief Sanitary Inspector, Mr. Frank Aldred retired from his post and his place was taken by Mr. James Hinchliffe.

This report has been prepared by me at the request of Mr. Hinchliffe who did not take up his duties until the beginning of December 1948.

PUBLIC CLEANSING.

Scavenging of House Refuse.

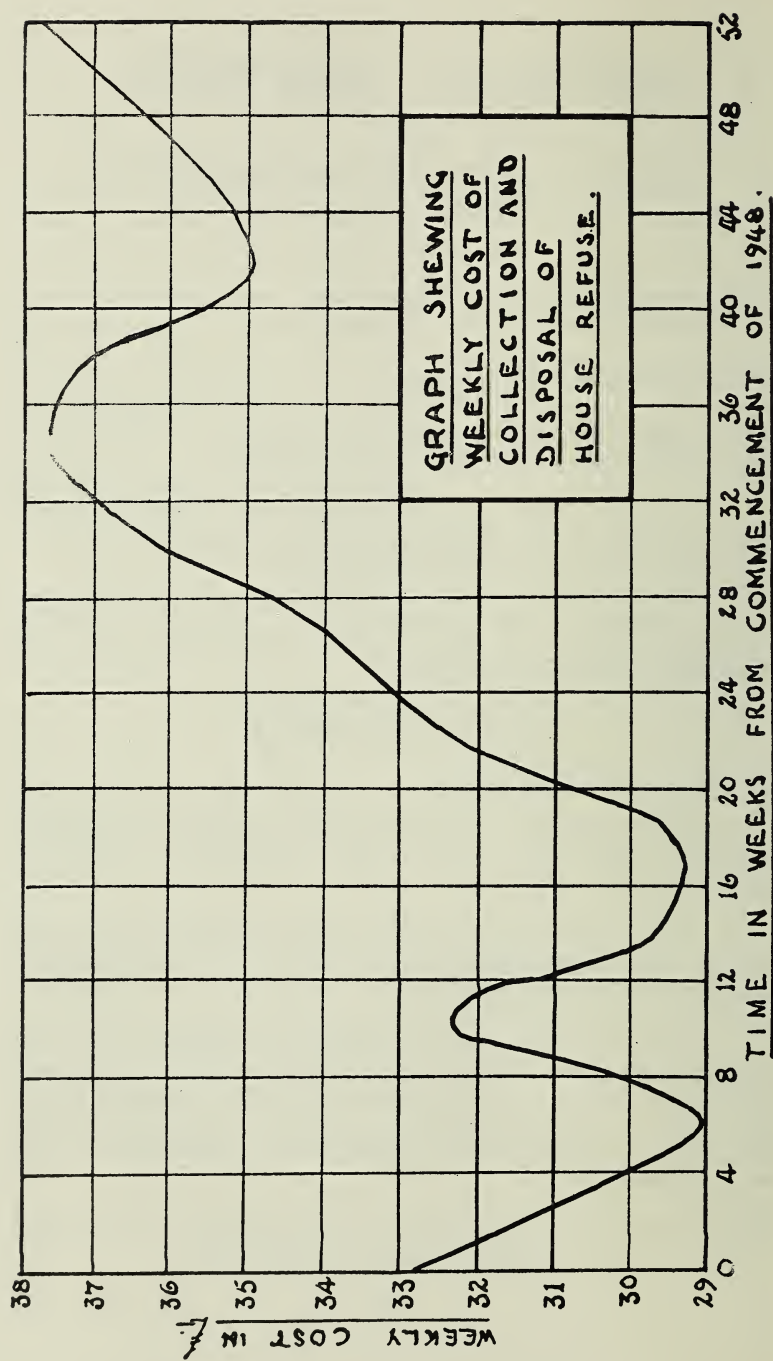
The collection of house refuse has been maintained throughout the year, a seven days' frequency of collection having been the aim.

This target has not always been reached but it is true to say that the dustbins of the district have been emptied weekly with few exceptions.

The cost of this service during the calendar year has amounted to approximately £1745, and has shewn an upward trend since 1947. This is illustrated by the appended graph. Several factors have combined to produce this increasing cost, and also to make more difficult the organisation of the scavenging service.

These are: (1) The general increase in wages of workmen which took place in July 1948.

GRAPH SHEWING
WEEKLY COST OF
COLLECTION AND
DISPOSAL OF
HOUSE REFUSE.



- (2) The increase in workmen's holidays from a week to a fortnight (first operative in 1947).
- (3) The introduction of a 44 hours working week in place of the 47 hours working week without reduction of wages in October 1948).
- (4) The increase in the number of occupied houses in the district.
- (5) The deterioration of the single lorry employed in the service, owing to its age.

The first three of these factors may be regarded as wage increases, as they all had the effect of increasing the cost of an effective hour's work. The fourth increased the amount of work to be done, and the fifth, by an irritating succession of minor breakdowns, reduced the amount of time in which to do it.

Towards the end of the year, however, a new scavenging lorry was placed on order which should be a great help in the reorganisation of the service which must take place as the house building programme progresses.

It has been found possible to greatly improve the welfare facilities available to the workmen by the conversion of the decontamination centre into a workmen's cabin complete with hot water shower baths.

Disposal of House Refuse.

This continues to be effected by tipping; every effort has been made to dispose of house refuse in the most satisfactory manner, and the tipping carried out in 1948 has been carried out in accordance with Ministry of Health recommendations for controlled tipping as nearly as possible.

By arrangement with the Dearne & Dove Internal Drainage Board a scheme is being carried out for protecting land adjacent to the river Dove by the construction of a dyke of house refuse along the North bank, and good progress has been made with this during the year.

SANITARY INSPECTION OF THE AREA.

Infectious Disease Prevention.

Inspections and Disinfections	...	8
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Cowsheds and Food.

Cowsheds and Dairies	...	48
Meat Inspections	...	122
Bakehouses	...	4
Food inspections	...	4
Slaughterhouse inspections	...	29

Housing.

Houses inspected for defects	...	74
Re-visits	...	146

Sanitary Matters.

Investigation of complaints	...	191
Re-visits to complaints	...	193
Verminous Premises	...	4
Drains tested	...	84
Rodent Control visits	...	255
Sewer inspections	...	227
Public Conveniences	...	148

Miscellaneous.

Colliery Spoilbanks	...	48
Factory Inspections	...	305
Tents, vans and sheds	...	4
Petroleum Acts Inspections	...	2

No. of Informal Notices served (Public Health Act)	...	160
No. of Informal Notices served (Housing Act)	...	21
No. of Statutory Notices served (Public Health Act)	...	0
No. of Statutory Notice served (Housing Act)	...	20
No. of Nuisances reported to Public Health Committee	...	160
No. of Nuisances abated	...	126
No. of Nuisances outstanding at year's end	...	34

Moveable Dwellings.

There are no licensed camping sites in the district, but two modern trailer caravan's have been licensed to be stationed on a site off Rotherham Road.

One unlicensed caravan was discovered in the Low Valley area and was moved after informal notice had been given to the occupier of the land/ on which it was stationed.

Smoke Abatement.

No action has been necessary during the year.

Colliery Spoilbank.

The Colliery spoilbank at Darfield Main Colliery continues to smoulder despite efforts made to control the combustion by means of a system of water sprays which is kept in continual operation.

Eradication of Bed Bugs.

This work has been proceeded with during the year with successful results. The purchase of a new pneumatic knapsack sprayer has more than justified itself, as the sprayer has proved to be economical both in time and insecticide.

The Council undertake the disinfection of bug infested dwellinghouses for a fixed charge, and it is of note that in each case treated in 1948 a completely successful result was obtained by one insecticidal spraying of the premises concerned. The insecticides which have been used are solutions of D.D.T. and Gammexane, both of which are many times more effective than any preparations available prior to their introduction.

Offensive Trades.

There are no offensive trades within the district.

Housing.

The completion on the Barnsley Road Housing Estate of 61 permanent houses has made a substantial contribution towards the new housing desperately needed in the district, but much building remains to be done before the problem of the demolition of existing unfit houses can be tackled satisfactorily.

The magnitude of this problem is recognised when the figures relating to it are considered; it is estimated that approximately 260 houses should be dealt with either in clearance areas, or as individual Unfit Houses over the next ten years.

Meanwhile every effort is being made to secure at least a reasonable minimum standard of fitness for human habitation in respect of these houses, and as a result of action taken by the department the following defects have been remedied:—

Defective drains	16
Defective water closets	8
Defective cooking ranges	18
Leaking Roofs	3
Damp walls	31
Defective washing coppers	2
Defective fireplaces	2
Dangerous floor	1
Defective ceiling plaster	1
Dangerous handrail	1
Broken sink waste pipes	5
Dangerous steps	3
Broken sink waste gullies	2

HOUSING STATISTICS.

(1) Inspections of dwelling houses during the year.

1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts) 74
- (b) Number of inspections made for the purpose ... 220
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925 and 1942 0
- (b) Number of inspections made for the purpose ... 0
- 3 Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation. 4

4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	67
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(2) Remedy of Defects during the year without service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	27
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(3) Action under Statutory Powers during the year.

A. Proceedings under Sections 9, 10 and 16 of the Housing Act 1936:—

(1) Number of dwelling houses in respect of which notices were served requiring repairs	20
(2) Number of dwelling houses which were rendered fit after service of formal notices:—	
(a) By Owners	20
(b) By local authority in default of owners ...	0

B. Proceedings under Public Health Acts:—

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	0
(2) Number of dwelling houses in which defects were remedied after service of formal notices:—	
(a) By Owners	0
(b) By local authority in default of owners ...	0

C. Proceeding under Sections 11 and 13 of the Housing Acts 1936:—

(1) Number of representations etc., made in respect of dwelling houses unfit for habitation	0
(2) Number of dwelling houses in respect of which Demolition Orders were made	0
(3) Number of dwelling houses demolished in pursuance of Demolition or Clearance Orders...	0

D. Proceedings under Section 12 of the Housing Act 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	0
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	0

Housing Act 1936 Part IV — Overcrowding.

Number of new cases of overcrowding reported during the year.

(i) Number of cases of overcrowding relieved during the year	5
(ii) Number of persons concerned in such cases ...	52

Particulars of any cases in which dwelling houses have again become over-crowded after the Local Authority have taken steps for the abatement of overcrowding 0

Overcrowding.

Five cases of overcrowding were relieved by the Council, the overcrowded families being rehoused in new houses on the Barnsley Road estate.

At the end of the year few cases of statutory overcrowding were known of; but approximately 170 lodger families were seeking houses of their own and although their circumstances do not class them as legally overcrowded there is no doubt that the majority of them would be so classed by a more reasonable standard than that of the Housing Act, which is generally accepted as inadequate.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The Foods and Drugs Authority for the area is the County Council who appoints its own Sampling Officers.

There are 10 registered cowkeepers in the district. Of these one is licensed to produce "Tuberculin Tested" Milk and two to produce "Accredited Milk." Samples of designated milks are taken by the County Sampling Officers; all such samples taken during the year satisfied the methylene blue test.

Meat Inspection.

The meat supply to the butchers of the district is received from the Ministry of Food slaughterhouses at a slaughterhouse in Snape Hill Road and allocated and distributed from there.

The practice of keeping pigs for slaughter as cottagers' pigs continues in popularity amongst the residents of the district, and every effort is made to inspect all such pigs after slaughter despite the fact that there is no power to condemn any diseased meat from the carcasses such as these which is not intended for sale.

In those cases where evidence of unfitness was found, however, the owners agreed to surrender or destroy the affected portions.

Of 122 pigs inspected, evidence of unfitness for human consumption of some part of the carcass or organs was found in 10, and the following were destroyed:—

- 4 heads.
- 5 livers.
- 2 Kidneys.
- 2 Mesenteric fats.
- 4 sets lungs,
- 1 shoulder.
- 1 side.
- 1 complete carcass.

The two slaughterhouses where slaughtering has mainly been carried on have been the subject of 29 inspections.

Inspections of other Foods.

The following have been condemned during the year:—

- 22 14oz. tins of Tomato Juice—Corrosion of tins.
- 3½ lbs. Cheese—Mouldy.
- 8 lbs. Ham—Decomposition.
- 34 lbs. Kipperred Herrings—Decomposition.

All the above were voluntarily surrendered by the shopkeepers concerned.

Carcases Inspected and Condemned.

	Cattle excl'dg. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)					
Number inspected					122
(All diseases except Tuberculosis)					
Whole carcases condemned					1
Carcases of which some part or organ was condemned					1
Percentage of the number inspected affected with disease other than tuberculosis					1.64
(Tuberculosis only)					
Whole carcases condemned					—
Carcases of which some part or organ was condemned					8
Percentage of the number inspected affected with tuberculosis					6.56

Factories.

The two main labour-employing factories within the district, one of which produces footballs and the other carpets, both submitted plans for expansion of their premises. These plans were approved and the erection of the extensions was commenced; when the extensions are completed they will provide work for a further number of female workers.

The administration of the relevant sections of the Factories Act has been paid close attention, although only two defects were discovered during the year.

1. Inspections for purpose of provisions as to health.

(including Inspections made by Sanitary Inspector)

Premises	No. on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	3	10	1	0
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	3	54	1	0
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	2	104	—	0
TOTAL	8	168	2	—

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S1)					
Overcrowding (S2)					
Unreasonable temperature (S3)					
Inadequate ventilation (S4)					
Ineffective drainage of floors (S6)					
Sanitary Conveniences (S7)					
(a) Insufficient	1	1	0	1	—
(b) Unsuitable or defective					
(c) Not separate for sexes					
Other offences against the Act (not including offences relating to Outwork)	1	1	—	1	—
TOTAL	2	1	—	2	—

Petroleum Acts.

Plans for the installation of two new petroleum storage tanks have been approved, and the completed work inspected and tested. Both tanks were on farm premises.

Rodent Control.

A complete test baiting of the public sewers of the district was carried out in order to ascertain what sections, if any, were rat-infested. The results indicated that certain parts of the system were infested, and these parts were then given a full poison treatment.

Three shops were found to be rat-infested and were baited with successful results.

The Council's sewage works are regularly baited to keep them clear of rats.

Conversion of Waste Water Closets.

The work of securing the conversion of waste water closets to the fresh water carriage system under Section 47 of the Public Health Act 1936, has been proceeded with, and 40% of those remaining at the end of the war have now been converted.

Yours faithfully,

ROGER HOOSON,

Deputy Sanitary Inspector.



